

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25248</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Heber W Olsen</u> P.O. Box, Bldg., Room No., if any <u>unit F-4</u> Street <u>14007 49th Dr. S.E.</u> City <u>Shoreline</u> State <u>WA</u> ZIP Code + 4 <u>98148</u>	4. Name, file number, and address of labor organization. Name <u>Pacific NW Regional Council of Carp</u> Labor Organization File Number <u>540-172</u> P.O. Box, Building and Room Number, if any <u>Suite 200</u> Street <u>25120 Pacific Hwy So.</u> City <u>Kent</u> State <u>WA</u> ZIP Code + 4 <u>98032</u>
5. Position in labor organization. <u>Trust Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

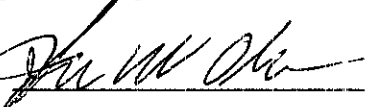
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed



On

3-31-06

Date

206 419 6128

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Carpenters Trust of W. WA</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 1927</i></p> <p>Street</p> <p>City <i>Seattle</i></p> <p>State <i>WA</i> ZIP Code + 4 <i>98111-1927</i></p>	<p>14.a. Nature of payment</p> <p><i>reimbursed Travel expenses for Foundation meeting 12-19-2005</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment: <i>126.00</i></p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Carpenters Trusts of W. Wa</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 1929</i></p> <p>Street _____</p> <p>City <i>Seattle</i></p> <p>State <i>Wa</i> ZIP Code + 4 <i>98111-1929</i></p>	<p>14.a. Nature of payment.</p> <p style="font-family: cursive; font-size: 1.2em;">Trust provided meal at Trust meeting 11-22-2005</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment</p> <p style="text-align: right; font-family: cursive; font-size: 1.2em;">1049</p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Carpenter Trusts of W. Wa</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>PO Box 1929</i></p> <p>Street</p> <p>City <i>Seattle</i></p> <p>State <i>WA</i> ZIP Code + 4 <i>98111-1929</i></p>	<p>14.a. Nature of payment.</p> <p><i>Trust provided meal at Trust meeting 10-11-2005</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment <i>999</i></p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Carpenters Trusts of U. N. A.*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *P.O. Box 1929*

Street

City *Sea Hk*

State *Wa*

ZIP Code + 4 *98111-1929*

14.a. Nature of payment.

*Trust provided meal at
Trustee Training
6-14-2005*

13.b. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

90.48

• Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with. <div style="margin-left: 40px;"> a. Labor Organization b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <i>Carpenters Trust</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any <i>P.O. Box 1929</i> Street City <i>Seattle</i> State <i>WA</i> ZIP Code + 4 <i>98111-1929</i>	14.a. Nature of payment. <i>Trust Provided meal at Trust meeting</i> <i>6-6-05</i>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment <div style="text-align: right;"><i>\$0.79</i></div>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIF Code + 4</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIF Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Carpenters Trust of Wn.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 1929</i></p> <p>Street</p> <p>City <i>Seattle</i></p> <p>State <i>Wn</i> ZIF Code + 4 <i>95111-1929</i></p>	<p>14.a. Nature of payment.</p> <p><i>Registration for 2005 Trustee Training</i> <i>5-10-05</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment <i>975.00</i></p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Carpenters Trusts of W. Va.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 1929</i></p> <p>Street</p> <p>City <i>John H. H.</i></p> <p>State <i>W. Va.</i> ZIP Code + 4 <i>26111-1929</i></p>	<p>14.a. Nature of payment.</p> <p><i>Registration for Made in America Conference 795.00 1-12-05</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p><i>795.00</i></p>